

Exhibit E

The following journal article is included by reference in this RFP:

Haight, W. L., Doner Kagle, J., & Black, J. E. (2003). Understanding and supporting parent-child relationships during foster care visits: Attachment theory and research. *Social Work, 48*, 195-207.

Due to copyright laws, DSHS/CA is unable to provide copies of this article. Bidders must obtain a copy of this article at a local academic library. DSHS/CA suggests contacting the University of Washington School of Social Work Library or another similar institution.

Exhibit G

**WASHINGTON STATE
DIVISION OF CHILDREN AND FAMILY SERVICES
FAMILY- CENTERED
PRACTICE MODEL**

January 1994

INTRODUCTION

The Division of Children and Family Services (DCFS) created this document to describe our family-centered approach to child welfare services, and the intended benefits and outcomes of these services. Family-centered child welfare practices tailor services to individual families, and respect each child's right to basic safety as well as each child's need for a permanent family. Family-centered practices demonstrate our beliefs about how to be most effective with people in the helping process, and allow greater respect for differences in family styles, cultures and communities.

We are working to develop the capability to consistently serve children and families in this manner. With the support of Washington's citizens, we envision the implementation of family centered child welfare practices developing over time; guided by the principles of the Family Policy Initiative and assisted by new commitments of resources for services and supports to children and families.

The welfare of Washington's children and families is a shared responsibility. We believe that the desired benefits of our practice model will be fully achievable only by working collaboratively with our government and community partners.

Our practice model will remain open to periodic revision in response to the needs, expectations and requirements of the families and communities we serve.

ELEMENTS OF THE PRACTICE MODEL

PRACTICE PRINCIPLES

Standards and beliefs that DCFS workers apply to their practice with agency clients. Practice principles guide agency workers and management activities aimed at achieving desired benefits and outcomes.

BENEFITS

Advantages, or things of value, we desire for children, parents, families and communities as a result of DCFS activities.

INTERVENTION STRATEGIES

Intervention strategies are specific actions that DCFS workers take in their practice with clients. They operationalize the DCFS practice principles.

PRACTICE OUTCOMES

Measurable worker outcomes that are defined in behavioral terms. Practice outcomes delineate components of the intervention strategies.

CLIENT OUTCOMES

Measurable and observable results of DCFS involvement with individual children, parents, families and communities.

PRACTICE PRINCIPLES

- ◆ Child safety must always be promoted while actively assisting the preservation of family connections.
- ◆ There is an intrinsic value and human worth in every family fact which obligates society to attempt to enable, empower, and preserve families.
- ◆ Families and individual members are most likely to resolve issues of concern by building on their strengths.
- ◆ Every child deserves to live in a family which provides basic safety, nurturing and a commitment to permanent caretaking.
- ◆ The cultural and ethnic roots of the family are a valuable part of its identity. In order to understand and communicate with the family, cultural sensitivity must be a primary feature of service delivery.
- ◆ Children's need for safe and permanent family caretaking can be met by providing appropriate and adequate resources in a timely and effective manner.
- ◆ Family-centered approaches facilitate planned, appropriate placement when necessary, based on sound information about the needs of the child.
- ◆ Family-centered services offer the best hope of breaking the cycle of hopelessness and helplessness that engulfs many families.
- ◆ The first and greatest investment of public resources should be made in the care and treatment of children in their own homes and communities.
- ◆ Intervention into the life of children and families should ideally offer as much service as necessary to achieve intended goals, and no more.
- ◆ The rights to privacy and confidentiality must be treated with respect when assisting children and families.

DESIRED BENEFITS OF DCFS SERVICES

BENEFITS FOR FAMILIES

Families are:

- ◆ Supported in their efforts to nurture and protect their children and youth.
- ◆ Listened to and communicated with in an open and direct way.
- ◆ Accepted and honored with their own definitions of membership and cultural identity.
- ◆ Helped to identify their problems, strengths and solutions.
- ◆ Acknowledged and supported with their own problem definitions and chosen solutions, whenever possible.
- ◆ Offered appropriate, accessible and culturally relevant resources.
- ◆ Helped to access needed concrete services.
- ◆ Offered out-of-home care as a last resort if a child or youth's safety cannot be ensured through the provision of in-home services.
- ◆ Actively assisted in maintaining connections with their children and youth in out-of- home care.
- ◆ Reunited with their children and youth as soon as their safety can be assured.
- ◆ Helped to build linkages with kinship networks and community support networks.

BENEFITS FOR PARENTS

As family members, parents receive the benefits for families listed above. In addition, parents are:

- ◆ Helped to strengthen their ability to nurture and protect their children.
- ◆ Engaged in the identification of their own strengths and needs.
- ◆ Confronted regarding their behavior, while the positive motives that sometimes underlie abusive behavior are acknowledged.

- ◆ Assisted in maintaining and strengthening their attachment to their children and youth.
- ◆ Aided in improving relationships with their children and youth.
- ◆ Involved in decision-making regarding their children and youth in out of home care.
- ◆ Offered support in resolving loss.

BENEFITS FOR CHILDREN AND YOUTH

As family members, children and youth receive the benefits for families listed above. In addition, children and youth are:

- ◆ Kept safe from serious abuse and neglect by their parents or other adult caretakers.
- ◆ Aided in improving relationships with their parents.
- ◆ Assisted in maintaining their cultural identities.
- ◆ Assured of having their basic needs met in out-of-home care.
- ◆ Helped in maintaining continuity in family connections when in out-of-home care.
- ◆ Provided with a timely resolution to separation from their families.
- ◆ Offered a stable placement in foster care, with their siblings, and in their home community.
- ◆ Helped in overcoming the trauma of child abuse and neglect, resolving grief and loss and integrating the multiple families who have been involved in their lives.
- ◆ Provided with a family that is committed to them, with the legal authority for permanent caretaking.
- ◆ Adequately prepared for independent living, when leaving foster care as legal adults.

BENEFITS FOR COMMUNITIES

Communities are provided with culturally relevant and community-based services that protect children and youth and strengthen families. In addition, communities are:

- ◆ Educated regarding DCFS' mission, goals, services and intake criteria.
- ◆ Provided with licensing and monitoring for day care homes and centers, foster care homes and group care homes.
- ◆ Offered collaborative problem-solving and decision-making to address child welfare issues.

- ◆ Involved as partners in the planning and development of local service systems.
- ◆ Provided quick, open and honest responses to concerns.

INTERVENTION STRATEGIES

INTERVENTION STRATEGY #1:

FAMILY ASSESSMENTS ARE CONDUCTED WITH EACH FAMILY.

Practice Outcomes:

- ◆ A non-judgmental attitude, respect, active listening skills, cultural sensitivity and an awareness of power differences are demonstrated with the family.
- ◆ Child safety risk and protective factors and family issues are identified, discussed and prioritized with the family.
- ◆ Assessment begins with the first family contact, and continues throughout agency involvement with the family.
- ◆ Family member strengths and needs are assessed in a social/cultural systems context.
- ◆ Assessment information and observations are openly shared with the family.

INTERVENTION STRATEGY #2:

SERVICE PLANS ARE BASED ON CONTRACTS OR AGREEMENTS WHICH HAVE BEEN DEVELOPED WITH EACH FAMILY.

Practice Outcomes:

- ◆ Families actively participate and share in service planning.
- ◆ Service plans divide long-term goals into short-term behaviorally specific objectives that are measurable and achievable.
- ◆ Families participate in the periodic evaluation of progress on the attainment of service goals and objectives.
- ◆ Expectations, incentives and consequences outlined in service contracts are realistic and appropriate to the family's strengths and needs.
- ◆ Service plans are based on an appraisal of family needs and service options with family members.
- ◆ Services are matched to the family's needs and capabilities. Planning is focused first on the family's highest priority needs.

INTERVENTION STRATEGY #3:

COURT ORDERED SERVICES ARE SOUGHT FOR CHILDREN WHEN PARENTS ARE UNABLE OR UNWILLING TO VOLUNTARILY PROVIDE FOR THEIR BASIC HEALTH, SAFETY OR WELFARE.

Practice Outcomes:

- ◆ Removal of an abusing parent or other party is sought when the child has a non-abusing parent who is willing and capable of providing protection in the home.
- ◆ Non-custodial parents are notified of juvenile court proceedings, and are offered the opportunity to provide care for their biological children, when placement is necessary.
- ◆ Recommendations for court ordered service plans clearly state requirements for plan completion in terms of behaviorally specific objectives and desired results.

INTERVENTION STRATEGY #4:

SERVICES ARE COORDINATED AND THE FAMILY IS LINKED WITH RESOURCES NECESSARY TO IMPROVE FUNCTIONING AND RESOLVE ISSUES OF CONCERN.

Practice Outcomes:

- ◆ Each family's support network, including relatives, friends, other lay and professional helpers are involved to help resolve current issues of concern.
- ◆ Appropriate family authority over service provision is encouraged. Professional helping supports the parenting role whenever possible, instead of supplanting parental authority and responsibility (e.g. Allowing parents to use clothing vouchers to purchase clothes their children need when entering foster care).
- ◆ Frequent communication and coordination is maintained with service providers and other persons involved in the family's service plan. Family member's rights to privacy and confidentiality are respected.
- ◆ Team approaches to consultation, case planning and decision making are used. Family members are included as key participants.
- ◆ Frequent case progress/planning reviews are conducted with the family.

- ◆ Advocacy is provided with key systems such as public assistance, housing, medical and educational service providers.
- ◆ Case planning is outcome oriented, with clear definitions of what services will accomplish.
- ◆ “Due diligence” is exercised locating and contacting extended family members for potential support in the resolution of family issues.

INTERVENTION STRATEGY #5:

IN-HOME STRATEGIES TO SAFELY MAINTAIN FAMILY INTEGRITY ARE THOROUGHLY EXPLORED WITH THE FAMILY.

Practice Outcomes:

- ◆ Community and support network resources to promote family preservation and family reunification are identified and reviewed with the family.
- ◆ Emergency services are offered in a way that promotes capability instead of family dependence (e.g. housing, financial, medical, utilities, clothing, food).
- ◆ One or more culturally relevant community support services are offered to strengthen family functioning (e.g. parent aides, education, support groups, treatment services, home visiting services).
- ◆ In-home crisis intervention is offered to eligible families to prevent the removal of children.
- ◆ Families are offered respite care as an alternative to giving the care of their children over to foster care.

INTERVENTION STRATEGY #6:

FAMILY CONTINUITY IS MAINTAINED FOR CHILDREN WHO ARE TEMPORARILY PLACED IN OUT-OF-HOME CARE.

Practice Outcomes:

- ◆ The family is encouraged to participate in the selection of the child's placement resource to the extent possible.
- ◆ The service plan is reviewed by a team (including family and members of the family's support network) before non-emergent placements, or as soon as possible after emergency placements.
- ◆ Frequent communication is maintained with foster parents/relative caretakers. Care providers are supported and involved as team members.
- ◆ Relatives who at first could not be engaged are later re-contacted for updates on permanency planning, and to encourage beneficial involvement.
- ◆ Placements with siblings, selection of foster homes close to natural family,

and placement with former foster parents for children who must return to foster care are offered to maintain stability in the lives of foster children.

INTERVENTION STRATEGY #7:

INTENSIVE SERVICES AND CHILD VISITATION ARE OFFERED TO PARENTS TO FACILITATE TIMELY AND SUCCESSFUL REUNIFICATION.

Practice Outcomes:

- ◆ Parents and children are offered needed services in order to provide the best possible opportunity for the timely resolution of issues preventing safe and lasting reunification.
- ◆ Visits between parents and children in placement are frequent and can be offered to parents outside of normal working hours. Parents can be assisted with transportation needs.
- ◆ Visits can be combined with parent support/education opportunities.
- ◆ Visiting plans are carefully monitored to remove agency barriers, empower parents, and improve the quality of parent/child interactions during visitation.

INTERVENTION STRATEGY #8:

CONCURRENT PLANNING IS EMPLOYED TO PROMOTE EARLY PERMANENCY WHEN FAMILY REUNIFICATION IS LIKELY FOR CHILDREN IN FOSTER CARE.

Practice Outcomes:

- ◆ The likelihood for long-term foster care is evaluated within the first 30 to 90 days of placement to determine the need for concurrent planning.
- ◆ The service plan clearly outlines the necessary conditions for reunification, the probable time-line for reunification efforts, and the alternative plan for permanency.
- ◆ Early case transitions between assessment and permanency planning minimize permanency planning delays.
- ◆ Transitions between birth families, foster families and adoptive families are managed with careful attention to continuity.
- ◆ Children are matched with families who offer a permanent commitment to caretaking, as early as possible. Foster-adopt/permanency planning homes are used when appropriate, based on the likelihood of successful reunification.

- ◆ The decision to pursue an alternative to reunification is openly discussed with the family and its support network. The alternative permanency plan is developed with the family's participation.
- ◆ Family members and their support network are encouraged to remain actively involved in service planning. Members who initially could not be engaged are re-contacted, for purposes of reviewing progress toward the permanency plan and encouraging appropriate involvement.
- ◆ When children are not in the home where they will stay, progressively longer visits are provided with the permanent family placement to help children adjust to the alternative family.
- ◆ Offering necessary services and clearly documenting progress enables an accurate assessment of parental strengths/limitations and children's special needs.

INTERVENTION STRATEGY #9:

PERMANENCY PLANNING FINALIZATION IS EXPEDITED.

Practice Outcomes:

- ◆ Early legal agreement is reached about the sufficiency of "reasonable efforts" and the need for an alternative permanency plan, based on: prevention and/or reunification service provision, prescriptive contracting/dispositional planning and clear case documentation.
- ◆ Parental separation and *loss issues* are addressed as a necessary part of permanency planning for the child.
- ◆ Open adoption and other options to maintain connections between children and their birth families are used when the child's permanency and safety will not be jeopardized.
- ◆ Birth, foster and adoptive families are encouraged to participate in the creation of Life Story Books, goodbye letters and visits, and the collection of family mementos and pictures, to help maintain continuity for the child.
- ◆ Extended family resources have been identified, prepared and strengthened whenever possible, prior to the termination of parental rights.
- ◆ Necessary home-study, paper processing and legal work has been completed quickly to finalize adoption/legal guardianship.
- ◆ Use of adoption exchanges, adoption support, and post-placement

services facilitate timely and successful adoptions.

INTERVENTION STRATEGY #10:

INDEPENDENT LIVING PREPARATION IS PROVIDED FOR YOUTH WHO PLAN TO LEAVE FOSTER CARE AS EMANCIPATED MINORS OR ADULTS.

Practice Outcomes:

- ◆ Family members, foster parents and other adults who have been, or are currently, significant in the youth's life are encouraged to become involved in independent living planning.
- ◆ The independent living plan transitions youth from foster care services to inter-dependent living, supported within a formal or informal network.
- ◆ The youth, foster parents and other significant adults are consulted regarding the youth's strengths and capabilities and needs.
- ◆ Independent living preparation includes skill and personal development in the areas which are critical for the youth's success in social, educational and vocational pursuits.

INTERVENTION STRATEGY #11:

ONGOING SUPPORT IS PROVIDED FOR FAMILIES WHO COMMIT TO THE LONG-TERM CARE OF SPECIAL NEEDS DEPENDENT CHILDREN THROUGH GUARDIANSHIPS OR ADOPTIONS.

Practice Outcomes:

- ◆ Families are offered financial assistance with counseling and medical coverage for children with preexisting special needs and conditions.
- ◆ Information and referral services are routinely available to support parents of these special needs children.

DESIRED CLIENT OUTCOMES

OUTCOME #1:

CHILDREN AND YOUTH ARE SAFER FROM SERIOUS INJURY OR DEATH RELATED TO CHILD ABUSE AND NEGLECT.

Measures:

- ◆ Number of child abuse/neglect related child fatalities of children with open CPS/CWS/FRS cases at time of death or within 12 months of case closure.
- ◆ Number of identified injuries requiring medical treatment and child disclosures of recent sexual abuse on open CPS/CWS/FRS cases and cases closed within the past 12 months.

Number of CPS re-referrals rated at high risk and/or with substantiated allegations